

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Representing ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent  
Attorney Bar Number (if applicable): \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_ Case Number: \_\_\_\_\_  
Name of Petitioner

**PETITION FOR TEMPORARY ORDERS  
WITH CHILDREN**

\_\_\_\_\_

Name of Respondent

Check all that apply:  
☐ For Spousal Maintenance/Support  
☐ For Property and/or Debt  
☐ For Child Custody/Visitation  
☐ For Child Support  
☐ Other: \_\_\_\_\_

**REQUIRED INFORMATION, UNDER OATH:**

1. **INFORMATION ABOUT THE PETITION FOR DISSOLUTION or LEGAL SEPARATION or ANNULMENT.** (You cannot file a Petition for Temporary Orders unless you or your spouse have filed, or will file at the same time you file **this** paperwork, all the paperwork for a divorce or legal separation or annulment)
  - A. Date Petition for Dissolution of Marriage or Legal Separation or Annulment was filed: \_\_\_\_\_
  - B. Name of court where Petition was filed: \_\_\_\_\_
  - C. Information about court hearing scheduled for that Petition (if hearing is scheduled):
    - 1) DATE and TIME OF HEARING: \_\_\_\_\_
    - 2) NAME OF JUDICIAL OFFICER TO HEAR CASE: \_\_\_\_\_
2. **INFORMATION ABOUT OTHER TEMPORARY ORDERS.** To the best of my knowledge, no temporary orders regarding these matters have been entered in any other court, and no court proceedings are pending for temporary orders. ☐ Check this box if this statement is true. **If it is not true, do not check the box, do not file this paperwork and see a lawyer for help.**

**THIS IS WHAT I WANT THE COURT TO ORDER:** Check the box in front of each item that you want. If you do not want the court to enter an order for that item, do not check the box.

3. ☐ **SPOUSAL MAINTENANCE/SUPPORT:** An order requiring my spouse to pay a reasonable sum for spousal maintenance/support as determined by the **"Affidavit of Financial Information"** I am submitting with this Petition.

4. ☐ **MEDICAL INSURANCE AND/OR COSTS:** An order requiring my spouse to provide medical and dental insurance for me and our child(ren), **at no cost** to me, **OR** to pay all the medical and dental expenses reasonably incurred by me for myself and our minor child(ren).
5. ☐ **PROPERTY:** An order granting the exclusive use and possession of the following property:
- A. To me:
- ☐ Residence located at: \_\_\_\_\_
- ☐ Car described as: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- B. To my spouse:
- ☐ Residence located at: \_\_\_\_\_
- ☐ Car described as: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
6. ☐ **DEBTS:** An order requiring payment of debts, until further order of this court, as follows (attach additional pages if necessary):
- A. **DEBTS TO BE PAID BY ME:**
- | DEBT  | AMOUNT | TO WHOM OWED |
|-------|--------|--------------|
| _____ | _____  | _____        |
| _____ | _____  | _____        |
| _____ | _____  | _____        |
- B. **DEBTS TO BE PAID BY MY SPOUSE:**
- | DEBT  | AMOUNT | TO WHOM OWED |
|-------|--------|--------------|
| _____ | _____  | _____        |
| _____ | _____  | _____        |
| _____ | _____  | _____        |
7. ☐ **INFORMATION ABOUT OUR CHILD(REN):**
- |                            |                            |
|----------------------------|----------------------------|
| Name: _____                | Name: _____                |
| Social Security No.: _____ | Social Security No.: _____ |
| Birth date: _____          | Birth date: _____          |
| Current Address: _____     | Current Address: _____     |
| County of residence: _____ | County of residence: _____ |
| Father: _____              | Father: _____              |
| Mother: _____              | Mother: _____              |
| Name: _____                | Name: _____                |
| Social Security No.: _____ | Social Security No.: _____ |
| Birth date: _____          | Birth date: _____          |
| Current Address: _____     | Current Address: _____     |
| County of residence: _____ | County of residence: _____ |
| Father: _____              | Father: _____              |
| Mother: _____              | Mother: _____              |

8. ☐ **CHILD CUSTODY:** The temporary care, custody and control of the minor child(ren) common to, or adopted by, me and my spouse is to be awarded to ☐ me or ☐ to my spouse.
9. ☐ **VISITATION:** Temporary visitation with the child(ren) as follows (be specific):
- ☐ **TRANSPORTATION.** ☐ Mother or ☐ Father shall pick-up the child(ren).  
☐ Mother or ☐ Father shall return the child(ren).
- ☐ **WEEKENDS** (explain specifically) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ **SUMMER MONTHS** (explain specifically) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ **HOLIDAYS AND BIRTHDAYS:** (explain specifically) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ **TELEPHONE CALLS:** (explain specifically) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ **OTHER:** (explain specifically) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. ☐ **CHILD SUPPORT:** An order requiring my spouse to pay me a reasonable sum for child support as determined by the current guidelines for child support, and according to the ***“Parent’s Worksheet for Child Support”*** that I am submitting with this Petition.
11. ☐ **BASIS FOR REQUEST:** (Check the box if you want child support, spousal maintenance/ support, or medical insurance premiums paid or reimbursed.) This request is based on the best interests of the minor child(ren), and/or on my inability to support the minor child(ren) and/or my self or maintain this action without financial assistance from my spouse, and because my spouse refuses to voluntarily provide support for the family.
12. ☐ **OTHER REASONS AND/OR OTHER REQUESTS:** (Please explain here in detail what else if anything you want the judge to order on a temporary basis and why you need the order)  
\_\_\_\_\_  
\_\_\_\_\_

## REQUESTS TO THE COURT, UNDER OATH:

1. To enter a temporary order granting for what I requested.
2. For any other orders of the court that are just.

## OATH AND VERIFICATION:

STATE OF ARIZONA     )  
County of Maricopa    ) ss.

I, being duly sworn and under oath, state that I have read this Petition. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

SIGNED:\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_.

My Commission Expires:

NOTARY PUBLIC:\_\_\_\_\_